

FILED NOV 27 1941

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6701 Mitchel
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15, 1941
year _____ hour 1 minute 42 P. M.
21. I hereby certify that I attended the deceased from October 13,
19 41 to October 15, 19 41
that I last saw him alive on October 15, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal Disease Duration Unknown

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME James Williams

3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unavailable 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 6, 1961
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 9 hr. _____ min.

9. Birthplace Unknown Missouri
(City, town, or county) - (State or foreign country)

10. Usual occupation Yard-man

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown---Williams
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. Capellan
(b) Address 6255 San Bonita Avenue

17. (a) Burial (b) Date thereof 10/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) OCT 17 1941 (b) J. F. Bradick
(Date received local registration) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other) 18-15-41
Address 2601 N. Whittier Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....**James Arthur Johnson**....., Registered Apprentice No.....
working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. **3522**

P. O. Address. **4107 Finney Avenue**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.